

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 08/362,547 FILING DATE \_\_\_\_\_  
APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	2		1			
4	2		1			
5	0		1			
6	2					
7	2		1			
8	2		1			
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TOTAL IND.	1		1			
TOTAL DEP.	12	→	7	→	8	→
TOTAL CLAIMS	13		8			

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IND.	DEP.	IND.	DEP.
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100			
TOTAL IND.		→	
TOTAL DEP.		→	
TOTAL CLAIMS			